MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		1/1				
2		1					52		1/1				
3		1/2					53		1/1				
4		1/1					54		1/1				
5		1/1					55	1					
6		1/1					56		1				
7		1/1					57		1/2				
8		1/1					58	1					
9		1/1					59		1				
10		1/1					60	1					
11		1/1					61		1				
12		1/1					62		1				
13		1/1					63	1					
14		1/1					64		1				
15		1/1					65	1					
16		1/1					66	1					
17		1/1					67		1				
18		1/1					68	1					
19		1/1					69		1				
20		1/1					70	1					
21		1/1					71		1/1				
22		1/1					72	1					
23		1/1					73	1					
24		1/1					74		2/1				
25		1/1					75		1/1				
26		1/1					76		1/1				
27	1						77		1/1				
28		1					78		1/1				
29	1						79		1/1				
30		1					80						
31		1					81						
32		1					82						
33		1/1					83						
34		1/1					84						
35		1/1					85						
36		1/1					86						
37		1/1					87						
38	1						88						
39		1					89						
40		1/2					90						
41		1/1					91						
42		1/1					92						
43		1/1					93						
44	1						94						
45		1/1					95						
46		1/1					96						
47		1/1					97						
48		1/1					98						
49		1/1					99						
50		1/1					100						
TOTAL IND.							TOTAL IND.	16					
TOTAL DEP.							TOTAL DEP.	63					
TOTAL CLAIMS							TOTAL CLAIMS	79					

PTO-1360 (3-78) *MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS